



# Summer 2016 K-4th Small Ball Hoops

**\*NON-TEMPE RESIDENTS ARE ALWAYS WELCOME\***

\*Photos may be taken during programs for City of Tempe Use\*

\* Youth hoops staff will assist your child's development with the game of basketball.

\* Sportsmanship and teamwork concepts will assist athlete's defense, ball handling, passing & shooting skills.

\* First two weeks of Small Ball, has an exciting basketball camp atmosphere emphasizing skills and drills.

\* The remaining weeks of the season will consist of a practice, followed by four (4) six (6) minute quarter games.

\* All-Star Weekend Experience, Award Celebrations and End of the season team celebrations at Peter Piper Pizza.

## **Program Location:**

North Tempe Multi- Generational Center  
1555 N. Bridalwreath St. Tempe, AZ

## **Program Dates:**

June 11<sup>th</sup> – July 23<sup>rd</sup> (Saturdays Only)

## **Program Time:**

Co. Rec. K – 2<sup>nd</sup>: 9:00am – 10:15am

Boys 3<sup>rd</sup> - 4<sup>th</sup>: 10:30am – 11:45am

Girls 3<sup>rd</sup> - 4<sup>th</sup>: 12:00pm-1:15pm

## **Program Codes (Based on Fall 2016 Grade):**

49839 = Co. Rec. K – 2<sup>nd</sup>

49840 = Boys 3<sup>rd</sup> - 4<sup>th</sup>

49841 = Girls 3<sup>rd</sup> - 4<sup>th</sup>

## **Easy to Register!**

MAIL-IN OR DROP OFF Monday-Friday, 8 AM-5 PM

(Recreation Services 3500 S. Rural Rd. 2<sup>nd</sup> Floor)

FAX: 480-350-5058 (Debit or Credit payment only)

ON-LINE: [www.tempe.gov/youthsports](http://www.tempe.gov/youthsports)

(Debit or Credit payment only)

## **Fee: \$89.00 Per Child**

**\*\*Scholarships available\*\***

**\*\*MUST VERIFY ENROLLMENT IN  
STATE SUBSIDY PROGRAM  
& BE A TEMPE RESIDENT**

**OR**

**CHILD ATTENDS A TEMPE SCHOOL**

## **Early Bird Registration**

**April 18th - 24th**

**Fee: \$75.00**

**Keep Top Portion for future reference**

## **Small Ball Hoops Registration Form**

**Summer 2016**

Participant Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address: \_\_\_\_\_ APT # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Eve \_\_\_\_\_ Day \_\_\_\_\_ School \_\_\_\_\_ Grade (Fall 2016) \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Email: \_\_\_\_\_ Previous Participant: Y N

Please Circle One: K-2<sup>nd</sup>: 49839 Boys 3<sup>rd</sup>-4<sup>th</sup>: 49840 Girls 3<sup>rd</sup>-4<sup>th</sup>: 49841

How did you hear about us? Library Brochure On-Line E-mail School Mail Facebook AZ Family

### **Waiver of Liability**

With knowledge and appreciation of the risk of injury, I wish to participate in this Activity. I agree to assume the risk of personal injury while participating. I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants. I understand that all reasonable efforts will be extended to insure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity. I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate: \_\_\_\_\_ I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it of my own free will. \_\_\_\_\_ / \_\_\_\_\_

**REQUIRED: Parent or Legal Guardian Signature AND Printed Name : \_\_\_\_\_ Date: \_\_\_\_\_**

**Fee: \$ \_\_\_\_\_ Credit Card Number \_\_\_\_\_ -- -- -- CVV Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_**

**Enclosed Check # \_\_\_\_\_ OR Signature Authorizing Charge to above number \_\_\_\_\_**

Revised 4/18/16 12:48p